



STATE
OF
GEORGIA

Application for
RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

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1. Application Date		INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.		FOR RECORDS MANAGEMENT DIVISION USE Date Received Application No. Date Completed	
2. Agency Application No.				SEP 14 1976 76-304 SEP 24 1976	
3. AGENCY, Division, Subdivision & Administering Office Address Office of Comptroller General Agents License Division 132 State Capital Atlanta, Georgia				4. Person to Contact Charles Smith	
				5. Working Title Clerk II	6. Tel. No. 2100
7. ACTION REQUESTED <input checked="" type="checkbox"/> ESTABLISH DISPOSITION STANDARD; RECORD WILL CONTINUE TO ACCUMULATE. <input type="checkbox"/> DISPOSE OF PRESENT ACCUMULATION; NO FURTHER ACCUMULATION ANTICIPATED.					
8. Earliest & Latest Dates of Series 1973 to Present		9. Exact Series Title Insurance File Agents Qualification Record (Agents Printout)			
10. What is the function of the office in which this record series is created? Issuing new agents licenses, renewing permanent licenses, processing applications for these licenses. Examining agents, conducting pre-hearing conferences and holding formal hearings on offending agents, preparing certificates for agents being licensed as non-residents in other states.					
11. This file contains the following documents (include form numbers and titles, if any, and file arrangement). Documents relating to: Listing of all Insurance Agents licensed in the state of Georgia. Included are: a computer printout showing the insurance agents name, address, lines of insurance qualified to sell, license number, year last paid license fee. File is arranged chronologically by month.					
ATTACH SAMPLES OF THE FILE					
12. EQUIPMENT OCCUPIED		No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	
Letter-size File Drawers				10	
Legal-size File Drawers				Floor Space Occupied (Square Feet)	
Shelf Space			10	In Office(s) In Storage Area(s) 10	
				This Year's Last Year's Preceding Year's All Prior Years'	
				20 0 0 0	
				AVERAGE DAILY REFERENCES	

QUESTIONNAIRE

Place an "x" in the proper column. If answer is "YES," please explain

YES NO

13. Is this the Record Copy of the series? ☒ [X] ☐ []
14. Is there a duplication of this series in another office or agency? ☐ [] ☒ [X]
15. Is the information contained in this series ever summarized or published? ☐ [] ☒ [X]
Attach copy of summary or publication.
16. Does the series contain classified information requiring security handling? ☐ [] ☒ [X]
17. Does the series initiate, amend or terminate agency policies and procedures? ☐ [] ☒ [X]
18. Could the function be performed if the files were lost or destroyed? ☒ [X] ☐ []
19. Is the series (or major portion of it) regularly microfilmed? If yes, why? ☐ [] ☒ [X]
20. Does the record series provide data as input to an EDP file? ☐ [] ☒ [X]
21. Does the record series contain documentation produced as EDP printout? ☒ [X] ☐ []
22. Has the Federal Government issued instructions governing the retention/disposition of these files? ☐ [] ☒ [X]
23. Will there be a need for these records 10, 15 years from now? If yes, what? ☐ [] ☒ [X]

24. REQUIREMENTS. The following requires the files to be kept 2 years:

- a. ☐ [] STATE LAW b. ☐ [] STATUTE OF LIMITATION c. ☐ [] AUDIT PERIOD d. ☐ [] FEDERAL LAW e. ☐ [] ADMINISTRATIVE DECISION f. ☐ [] HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each ☐ [] CALENDAR YEAR ☒ [X] FISCAL YEAR ☐ [] OTHER _____, then:

- ☒ [X] Hold in the current files area 16 month(s)/ _____ year(s): _____ months
- ☒ [X] Transfer to ☒ [X] State Records Center ☐ [] Local Holding Area; hold 8 year(s): _____
- ☒ [X] Destroy.
- ☐ [] Transfer to State Archives for permanent retention.
- ☐ [] Destroy immediately after cut-off.
- ☐ [] Other: (Specify) _____

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>Fred Anderson Jr.</i>	9-13-76	<i>Don L. Brown</i>	9-13-76
26. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Wm. Smith</i>	9-22-76
	State Auditor/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Carroll Hare</i>	9-20-76
	Secretary of State/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved	<i>Al. D. Hall</i>	9-22-76
	Attorney General/Designee <input checked="" type="checkbox"/> [X] Approved <input type="checkbox"/> [] Disapproved		

STATE RECORDS
COMMITTEE